

06/02/99



JC595 U.S. PTO

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0033
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JC594 U.S. PTO

09/324168



06/02/99

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
 Box Reissue
 Washington, DC 20231

Attorney Docket No. 500.33793R00

First Named Inventor H. NITTA et al.

Original Patent Number 5,774,106

Original Patent Issue Date (Month/Day/Year) 06/30/1998

Express Mail Label No.

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
28 pages
3. ☒ Drawing(s) (proposed amendments, if appropriate)
31 Sheets
4. ☐ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
 (PTO/SB/53 or PTO/SB/54)
 or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53 or 54)☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations 18
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
Status still proper and desired
(PTO/SB/09-12)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY
 SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
 (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION
 IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

XXXX Customer Number or Bar Code Label

020457

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

Melvin Kraus

Signature

Registration No. (Attorney/Agent)

22,466

Date

June 2, 1999

LAW OFFICES

ANTONELLI, TERRY, STOUT & KRAUS, LLP

SUITE 1800

1300 NORTH SEVENTEENTH STREET

ARLINGTON, VIRGINIA 22209

TELEPHONE

(703) 312-6600

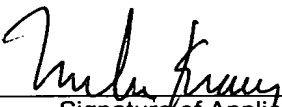
FACSIMILE

(703) 312-6666

E-MAIL

email@antonelli.com

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 500.33793R00		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 16	Total Claims (37 CFR 1.16(j))	(B) 28	**** 8 =	x \$ _____ =		or x \$ 181 =	144.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 6	* 3 =	x \$ _____ =		x \$ 78 =	234.00	
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 760.00	
Total Filing Fee					\$ _____	OR	\$ 1,138.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ _____ =		or x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2135</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,138.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>June 2, 1999</u> Date		 _____ Signature of Applicant, Attorney or Agent of Record						
<u>Melvin Kraus, Registration No. 22,466</u> _____ Typed or printed name								